

CLAIMS ONLY

Application Number
101719609

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1					/				
2									
3									
4						/			
5						/			
6						/			
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46									
47									
48									
49									
50									
Total Indep					3				
Total Depend					91				
Total Claims					24				